

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT	
	16-JUN-2018	0215	S COMMERCIAL AVE CHICAGO, IL 60617		303	0424	<input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO	
	BUSINESS NAME		EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)			ASSIGNMENT TYPE		
						<input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE		
INVOLVED MEMBER	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE		INVOLVED A MOTOR VEHICLE PURSUIT?	
	18248	JB308950					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	LIGHTING	WEATHER	PATROL TYPE?	BICYCLE	SQUADROL	OTHER:	MEMBER WAS?	ASSIST UNITS ON SCENE?
	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL	<input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT	<input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV	<input type="checkbox"/> SQUADROL <input type="checkbox"/> VAN/BUS	<input checked="" type="checkbox"/> OTHER: ARMORED	<input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SUBJECT INFORMATION	RANK	LAST NAME		FIRST NAME	EMPLOYEE NO.	SEX	RACE	AGE
	9161	MOLINA		LUIS		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	HISPANIC	51
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY		Laceration Requiring Sutures	
	13-DEC-1993	353	4662	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling		<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)
SUBJECT'S ACTIONS	LAST NAME		FIRST NAME		M.I.	SEX	RACE	D.O.B.
	LLAMAS		LUIS			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHITE	1993
	ADDRESS		TELEPHONE NO.		CONDITION		OTHER (Specify)	
					<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force		<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder <input checked="" type="checkbox"/> SLF INFLICTED	
MEMBER'S RESPONSE	MEDICAL TREATMENT?		<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify)		<input checked="" type="checkbox"/> OTHER (Specify) SWAT MEDIC		SUBJECT INJURY BY MEMBER'S USE OF FORCE?	
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by CFD EMS				<input type="checkbox"/> None/None Apparent <input checked="" type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal	
	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> TASER/TSTUN GUN <input type="checkbox"/> RIFLE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> SHOTGUN <input checked="" type="checkbox"/> SEMI-AUTO PISTOL	
	SUBJECT ACTIVITY <input type="checkbox"/> Drug-Related? <input type="checkbox"/> Gang-Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		IF YES, IDENTIFY MANNER OF ATTACK <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		MANNER OF ATTACK? <input type="checkbox"/> Shove/Shot At <input checked="" type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)	
WEAPON DISCHARGE	TYPE OF ACTIVITY?		<input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input checked="" type="checkbox"/> Man with a Gun <input checked="" type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Other - Describe in Narrative	
	<input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Processing/Transporting/Guarding Arrestee		<input type="checkbox"/> Charge:		<input type="checkbox"/> Charge:		IUCR CODE:	
	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Department Member		<input checked="" type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Fleeing Subject		<input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional	
	FORCE MITIGATION EFFORTS <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input checked="" type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS		CONTROL TACTICS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING <input type="checkbox"/> LESS LETHAL SHOTGUN		RESPONSE WITHOUT WEAPONS <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSE HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		RESPONSE WITH WEAPONS <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input checked="" type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input checked="" type="checkbox"/> OTHER LESS LETHAL SHOTGUN	
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE:		WEAPON SERIAL NO.		WEAPON CERT. NO.	
	2		<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> TASER <input checked="" type="checkbox"/> OTHER LESS LETHAL SHOT					
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON			
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN			
WEAPON DISCHARGE	TASER DISCHARGE ONLY		PROPERTY INVENTORY NO.		PROBE DISCHARGE		CONTACT STUN	
	TASER DART ID NO.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
	FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT?		TOTAL NO. OF SHOTS MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT?	
	<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER				1		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FIREARM DISCHARGE ONLY		MAKE/MANUFACTURER		MODEL		DID MEMBER FIRE AT A VEHICLE?		
		REMINGTON ARMS CO.		870		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		

# NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): ☒ IMMEDIATE SUPERVISOR ☒ DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): ☒ OEMC ☒ CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name)  
MOLINA, LUIS

STAR/EMPLOYEE NO.  
7996

SIGNATURE

## REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☒ Minor Contusion ☐ Significant Contusion ☐ Gun Shot ☐ How Was Injury Sustained? ☒ Intentional Act by Member ☐ Intentional Act by Self ☐ Intentional Act by Other  
☐ None / None Apparent ☐ Minor Laceration/Abrasion ☐ Laceration Requiring Sutures ☐ Fatal ☐ Unintentional Act by Member ☐ Unintentional Act by Self ☐ Unintentional Act by Other  
☐ Minor Swelling ☐ Complaint of Substantial Pain ☐ Broken/Fractured Bone(s) ☐ Other (Explain)

WITNESSES <input type="checkbox"/> UNK	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL		TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> OTHER (Specify)	
	WITNESS STATEMENT					

### REVIEWING SUPERVISOR: COMMENTS

IRT AND COPA ON SCENE, SUPPLEMENTAL REPORTS, INCLUDING WITNESS STATEMENTS WERE SUBSEQUENTLY PREPARED THIS WEAPON DISCHARGE WAS A LESS-LETHAL BEAN BAG SHOTGUN ROUND

ATTACHMENTS: ☐ CASE REPORT ☐ ARREST REPORT ☐ SUPPLEMENTARY REPORT ☐ INVENTORY ☐ IDD REPORT ☐ TASER DOWNLOAD ☐ OTHER

### REVIEWING SUPERVISOR:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☐ LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED.

☒ I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print)

STAR NO.

SIGNATURE

DATE/TIME COMPLETED

PARK, DAVID

1006

16-JUN-2018 0953

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
  - A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
  - B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
  - C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT		TIME		ADDRESS OF OCCURRENCE		EVENT NO.		RD NO.				
	16-JUN-2018		0215		S COMMERCIAL AVE CHICAGO, IL 60617		18248		JB308950				
	RANK	MEMBER LAST NAME		MEMBER FIRST NAME		EMPLOYEE NO.	CB NO.		CHARGE				
	9161	MOLINA		LUIS									
SUBJECT LAST NAME					SUBJECT FIRST NAME					M.I.	SEX	RACE	D.O.B.
LLAMAS					LUIS						<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	893

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

### SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject deceased following a self inflicted GSW

### LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☐ ADDITIONAL ATTACHMENTS

As of this report no further action by the undersigned is required. The investigation into the incident will be done by the Investigative Response Team (IRT) and the Civilian Office of Police Accountability (COPA). Based on the facts available at this time further investigation is needed. This TRR should be read in conjunction with all other reports and additional TRR's.

### LT OR ABOVE/INCIDENT COMMANDER:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:

1029896

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☒ A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

### ACTIONS RECOMMENDED?

☐ NO

☒ YES, DESCRIBE BELOW:

☒ OTHER:

Officer required to report for Traumatic Incident Stress Management Program

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO

☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

VALACEZ, FRANCIS A

STAR NO.

484

SIGNATURE

DATE/TIME COMPLETED

20-Jun-2018 2133

Cog #108 988  
A74 7